

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010183

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 49

FILED MAR 21 1962

Primary Registration District No.

Registrar's No. 49

VS 300
Rev. 4/5910190
23728

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEX Township		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION Hiway #7		d. STREET ADDRESS (If outside, give location) 920 WARD PARKWAY	
3. NAME OF DECEASED (Type or print) First FRANCES Middle GERTRUDE Last MEIEROTTO		4. DATE OF DEATH Month MARCH Day 11 Year 1962	
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-11-1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE	9. AGE (last birthday) 56
11. BIRTHPLACE (City and state or country) SEDALIA, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHARLES GOODKNIGHT		13b. MOTHER'S MAIDEN NAME ANNA ANDERSON	
14. NAME OF HUSBAND OR WIFE A.J. MEIEROTTO		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT RALPH GATES 309 E. Bodine Clinton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Ischemia DUE TO (b) Brain injury DUE TO (c) Car Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Instant	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:22 p.m. Month, Day, Year 3-11-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) 2 mi East of Sedalia City on hwy 7		20f. CITY, TOWN, OR LOCATION Cass STATE MO	
21. I attended the deceased from 3-11-62 2:22 to 3-11-62 2:22 and last saw her Dead Death occurred at 3-11-62 2:22 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Blanche Cummings Cassel Corcoran		22b. ADDRESS Harrisonville MO	
22c. DATE SIGNED 3-11-62		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 3-13-1962		23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	
23d. LOCATION (City, town, or county) Clinton, Missouri		23e. DATE RECD. BY LOCAL REG. March 13/1962	
24. FUNERAL DIRECTOR CONSALUS Funeral Home Clinton, Mo.		25. REGISTRAR'S SIGNATURE MA Roy [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 22 1962

JUN 26 1962

AUG 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert W. Allen

Licensed Embalmer No. 7402

P. O. Address Barro Colorado 110

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.